

**Alabama  
Perinatal  
Health Act  
Annual  
Progress  
Report For  
FY2021  
Plan For  
2022**



**ALABAMA  
PUBLIC  
HEALTH**

*"It is more likely for a child to die in the first year of life than in all the rest of childhood"*

# MESSAGE FROM THE STATE HEALTH OFFICER

## Dear Senators and Representatives:

It is my pleasure to share the Alabama Perinatal Report, which describes the Fiscal Year 2020 infant mortality data, leading causes of infant mortality, and strategies for addressing this issue in 2022.

Alabama's infant mortality rate decreased from 7.7 infant deaths per 1,000 live births in 2019 to 7.0 infant deaths per 1,000 live births in 2020. This is the third lowest rate Alabama has seen in over five decades and the three-year infant mortality rate (2018-2020) of 7.2 is the lowest on record. However, it still remains above the U.S. 2020 provisional rate of 5.5 infant deaths per 1,000 live births. Long standing disparities between birth outcomes for Black and White infants persist but narrowed in 2020. The infant mortality rate for Black infants, although not statistically significant, decreased from 12.0 in 2019 to 10.9 in 2020, and the infant mortality rate for White infants decreased from 5.6 to 5.2, but was also not statistically significant. We are encouraged by the decline in infant deaths seen this past year and are motivated to make sure that infant deaths in the state continue this descent.

Healthy mothers, babies, and families are the foundation of a healthier Alabama. With the purpose to improve, promote, and protect health, it is essential that we address the factors that contribute to both maternal and infant poor health outcomes. To this end, the State Perinatal Program remains dedicated to working collaboratively to accomplish our vision of creating an environment that promotes health equity that results in all Alabama citizens being healthy.

Please take a few moments to review this report at: <https://www.alabamapublichealth.gov/perinatal/index.html>

Because of your ongoing support, Alabama families can look to the future with enthusiasm. Thank you.

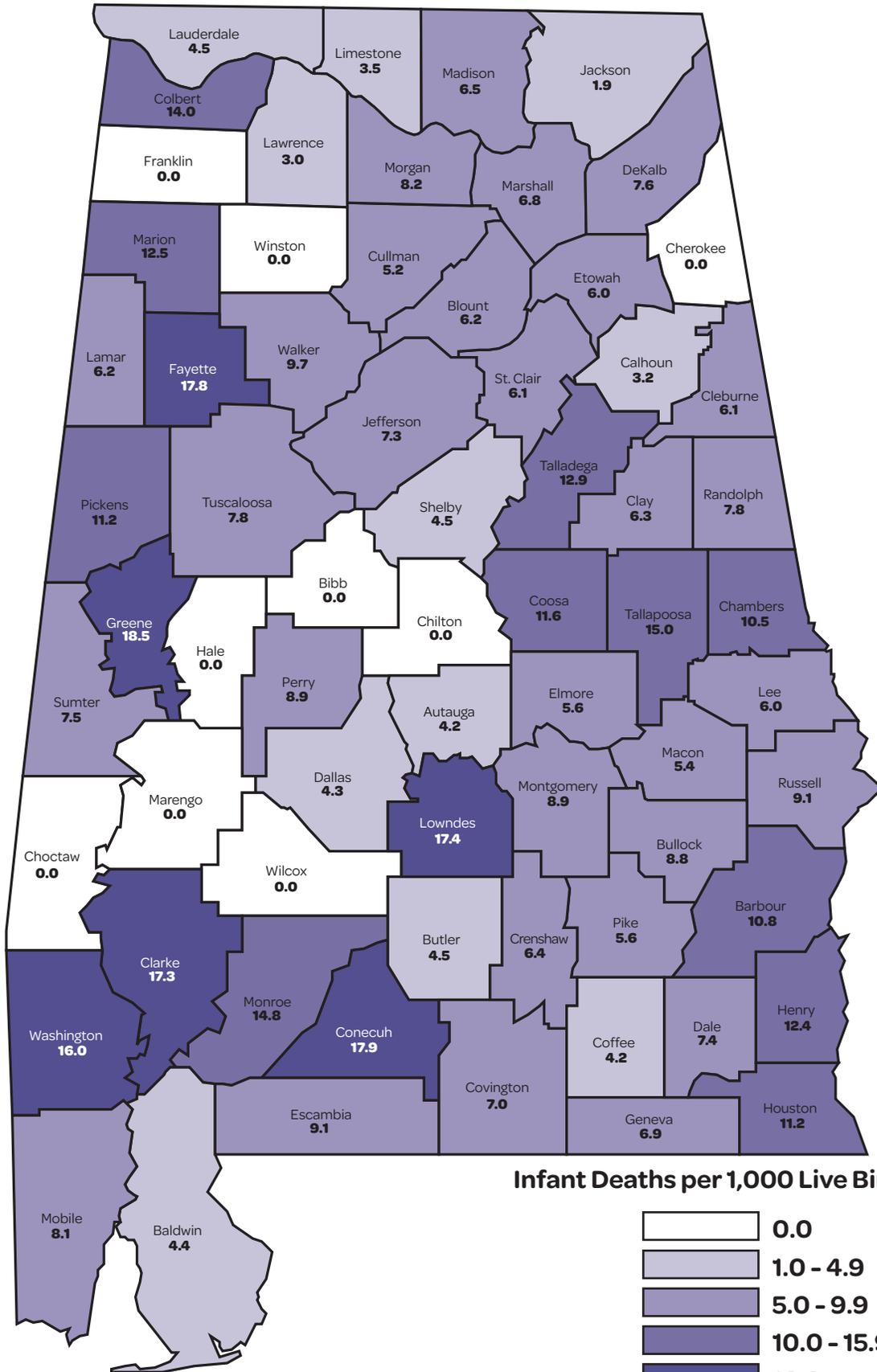


Sincerely,

A handwritten signature in black ink that reads "Scott Harris, MD". The signature is written in a cursive, flowing style.

Scott Harris, M.D., M.P.H.  
State Health Officer

# INFANT MORTALITY RATES BY COUNTY, ALABAMA, 2020



ADPH, Center for Health Statistics, 2020



# STATE OF ALABAMA INFANT MORTALITY REPORT 2020



The Alabama Department of Public Health (ADPH) Center for Health Statistics, Bureau of Family Health Services, State Perinatal Program, and Maternal and Child Health Epidemiology Branch compiled this annual report as required under §22-12A-6, Alabama Perinatal Health Act, (Acts 1980, No. 80 – 761, p. 1586, §1.)

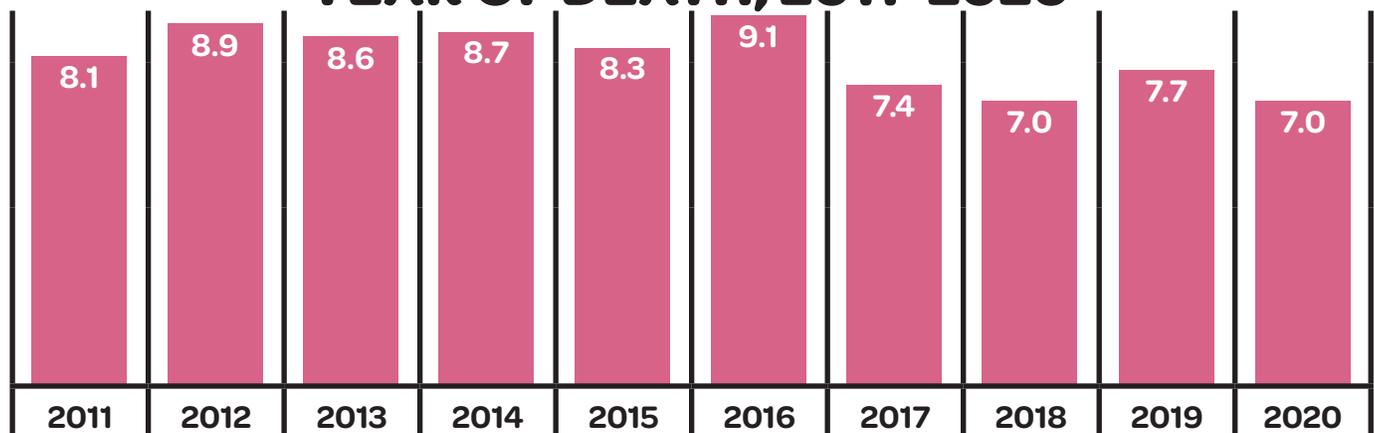
## INTRODUCTION

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate (IMR) is the number of infant deaths for every 1,000 live births among Alabama residents.<sup>1</sup> The IMR provides key information about both maternal and infant health and is an important marker of the overall health of a society.<sup>2</sup> Alabama's IMR decreased 2019 from 7.7 to 7.0 deaths per 1,000 live births among AL residents. A total of 404 infants died before reaching their first birthday in 2020; 449 infants died in 2019; and 405 infants died in 2018. The Alabama IMR of 7.0 deaths per 1,000 live births is higher than the national 2020 provisional rate of 5.5 deaths per 1,000 live births. Thus, it is imperative that we continue the mission to improve the health of mothers and infants in Alabama.

Health outcomes are not solely molded by the health behaviors of the individual, but also by the environment in which people are born, live, work, play, and age. These factors, which contribute to health outcomes, are formed by the historical, social, political, and economic forces in the individual's environment. Therefore, addressing the social determinants of health, as well as the factors that contribute to health outcomes, will improve individual and population health and also advance health equity within the state. Resources that enhance quality of life can have a significant influence on population health.<sup>3</sup>

Differences in health outcomes and their contributing factors among groups of people are defined as health disparities.<sup>4</sup> These differences are reflected in length of life, quality of life, rates of disease, disability, death, severity of disease, and access to treatment.<sup>5</sup> Health equity involves working to reduce and eliminate health disparities and is reached when everyone has a fair and just opportunity to achieve optimal health. Eliminating health inequities by removing obstacles to health is crucial in reducing poor birth outcomes for mothers and babies and for building a healthier Alabama. Alabama remains unwavering and committed to improving birth outcomes for women, infants, and families statewide, especially during the COVID-19 pandemic. This report provides an overview of infant mortality in Alabama and describes some of the current collaborative strategies used to address this public health issue.

## INFANT MORTALITY RATE BY YEAR OF DEATH, 2011-2020



ADPH, Center for Health Statistics, 2021.

## INFANT MORTALITY RATES, ALABAMA AND UNITED STATES, 1970-2020



Rate per 1,000 live births. ADPH, Center for Health Statistics, 2021.

## THREE LEADING CONTRIBUTING FACTORS OF INFANT MORTALITY, 2020

PRETERM AND LOW BIRTH WEIGHT (LBW)	69*
CONGENITAL ANOMALIES (BIRTH DEFECTS)	64*
SUDDEN INFANT DEATH SYNDROME	43*

**THE THREE LEADING CAUSES ACCOUNTED FOR 43.5% OF ALL INFANT DEATHS**

ADPH, Center for Health Statistics, 2020 \*The number of infants who died in various categories

# THREE LEADING CAUSES OF INFANT MORTALITY IN ALABAMA, 2020

## 1. PRETERM and LOW BIRTH WEIGHT (LBW)

Preterm and LBW were the leading causes of infant mortality in 2020. Preterm births are infants that are born before 37 weeks of pregnancy.<sup>7</sup> LBW births<sup>5</sup> are defined as infants weighing less than 5 pounds 5 ounces at delivery. Preterm and low birth weight births comprised about 17 percent of infant deaths in 2020.

## 2. CONGENITAL ANOMALIES

Congenital anomalies, also known as birth defects, were the second leading cause of infant mortality in 2020. Birth defects are common, costly, and critical conditions.<sup>6</sup> Annually, about 1 in every 33 babies, approximately 120,000, is born in the U.S. with a birth defect. Birth defects can occur at any stage of pregnancy. However, most occur within the first 3 months of pregnancy when major organs of the baby are forming. The cause is known for some birth defects, but for many the cause is unknown. Not all birth defects are preventable. However, there are steps that can be taken to increase the chances of having a healthy baby:

- Plan ahead, take folic acid daily, and see a healthcare provider regularly.
- Avoid harmful substances such as alcohol, smoking, marijuana, and other drugs.
- Prevent infections.
- Choose a healthy lifestyle.
- Talk to your healthcare providers about any medications (prescription and over the counter), family history, and vaccinations.

## 3. SUDDEN INFANT DEATH SYNDROME (SIDS)

Sudden Infant Death Syndrome (SIDS) was the third leading cause of infant mortality in Alabama. SIDS is the sudden unexplained death of an infant less than 1 year of age that does not have a known cause after a complete investigation, including an autopsy, examination of the death scene, and medical review of the clinical history.<sup>8</sup> SIDS is sometimes called “crib death” because of its association with the time when the infant was sleeping. SIDS occurs in families of all racial, ethnic, social, and economic groups. Although SIDS deaths can occur anytime during the first year of life, most SIDS deaths occur between 1 month and 4 months of age with 90 percent of SIDS deaths occurring before 6 months of age.

**SUDDEN UNEXPECTED INFANT DEATH (SUID)** is defined as the death of an infant less than 1 year of age who suddenly or unexpectedly dies, and whose cause of death is not immediately obvious prior to investigation. SUID includes all unexpected deaths: those from a known cause and those from unknown causes. These deaths often occur during sleep or in the infant’s sleep area.<sup>8</sup> SUID includes SIDS, accidental suffocation in a sleeping environment, and other undetermined causes. In 2020, there was a 3.2 percent increase in SUID from 22.0 percent in 2019. In 2020, 102 of the 404 infant deaths were due to SUID. Alabama continues to employ targeted efforts to address SUID through collaboration, education, and outreach activities statewide.

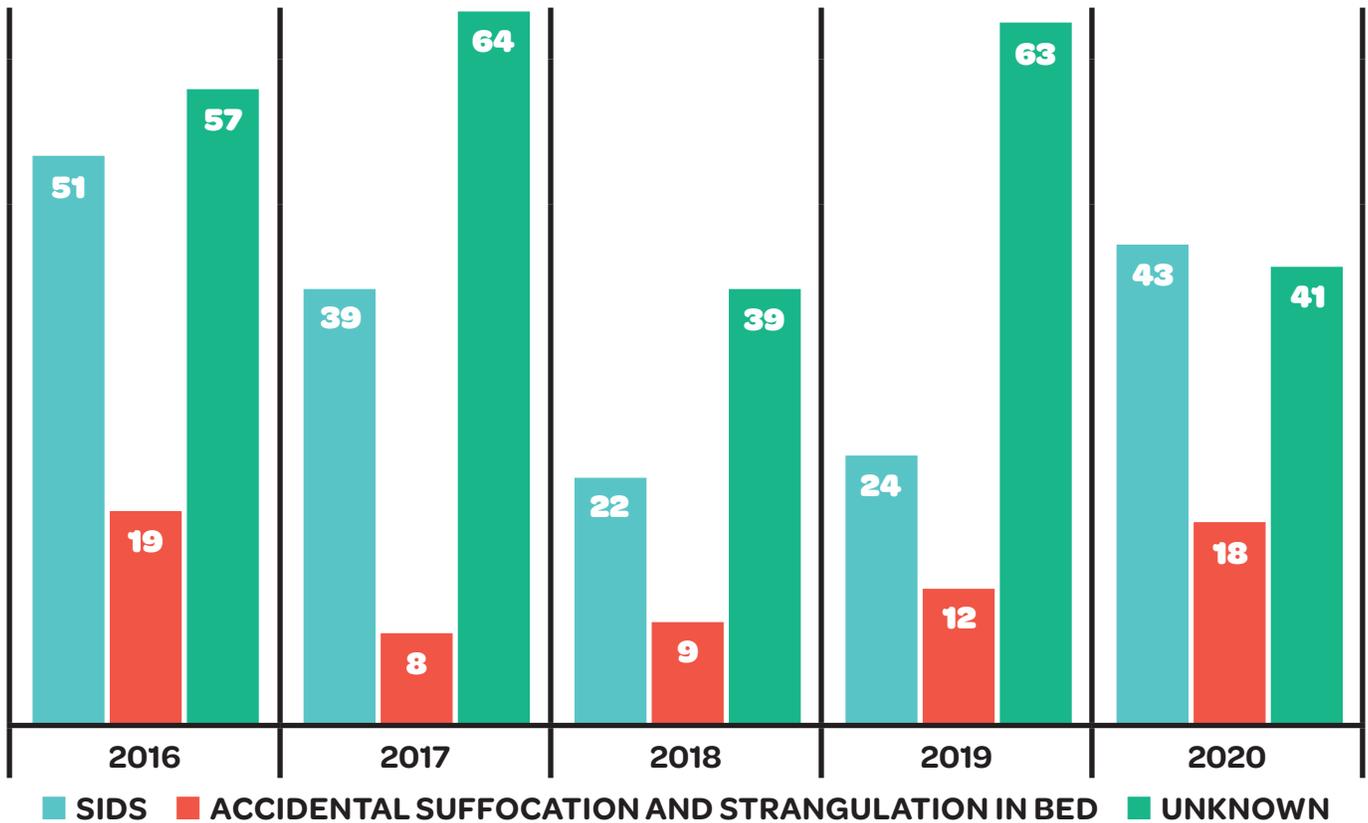
**102 INFANT DEATHS WERE SUDDEN UNEXPECTED INFANT DEATHS (SUID).**

**THE THREE COMMONLY REPORTED TYPES OF SUID INCLUDE:**

- **SUDDEN INFANT DEATH SYNDROME (SIDS).**
- **UNKNOWN CAUSE.**
- **ACCIDENTAL SUFFOCATION AND STRANGULATION IN BED.**

**SUID DEATHS ACCOUNTED FOR 25.2% OF THE TOTAL INFANT MORTALITY RATE IN 2020.**

# NUMBER OF SUIDS IN ALABAMA, 2016-2020

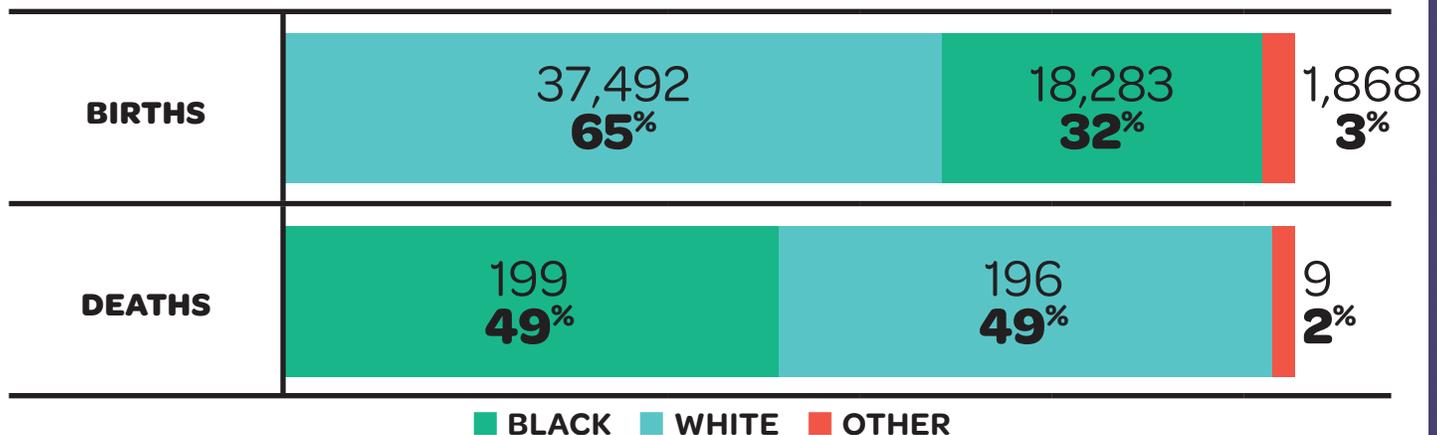


ADPH, Center for Health Statistics, 2021.

## RACIAL DISPARITIES

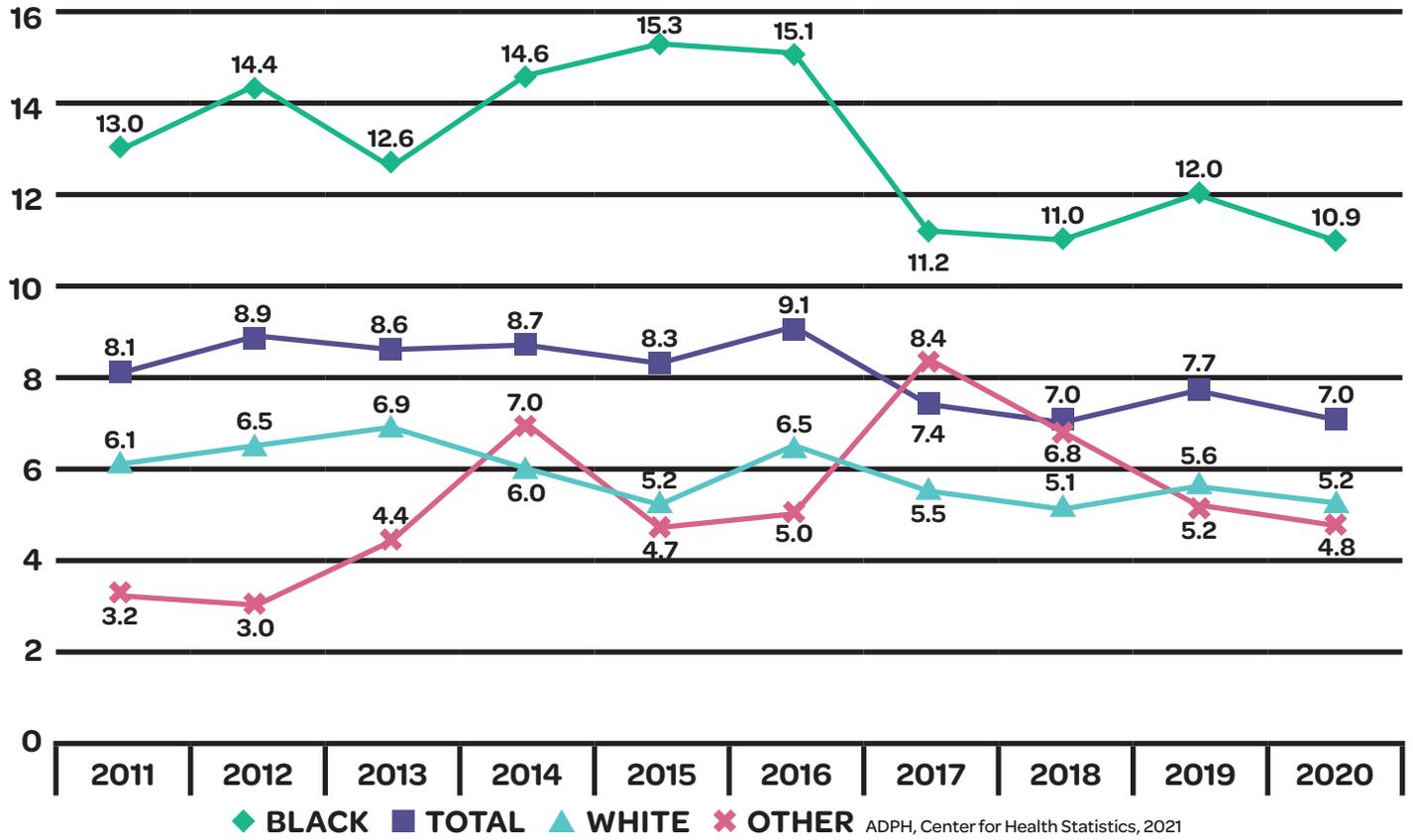
In 2020, infant mortality decreased in Alabama, while racial disparities continued to persist. In 2020, Black infants died at a rate of 10.9 infant deaths per 1,000 live births, while deaths among other infants and white infants occurred at rates of 4.8 and 5.2, respectively. It is important to note that while the *number* of infant deaths for black and white infants is comparable, only 32 percent (18,283) of live births were to black mothers and 3 percent (1,868) to other mothers, while 65 percent (37,492) were to white mothers. Thus, the infant mortality rates for black infants are significantly higher than for white infants. Incorporating evidence-based efforts is critical to addressing factors impacting health outcomes such as poverty, unemployment, education, urban/rural, access to health care.

### PERCENTAGE AND TOTAL NUMBER OF BIRTHS AND DEATHS BY RACE, 2020

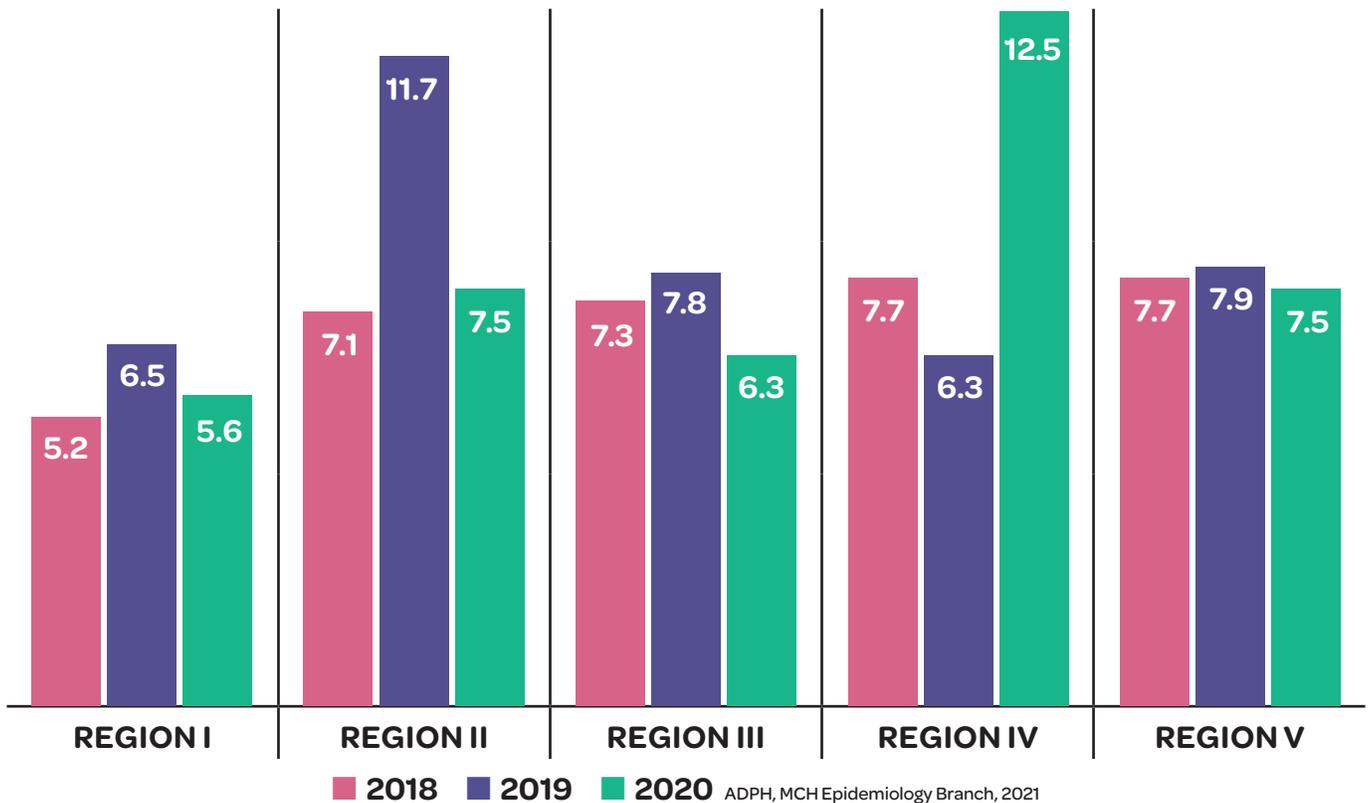


ADPH, Center for Health Statistics, 2021.

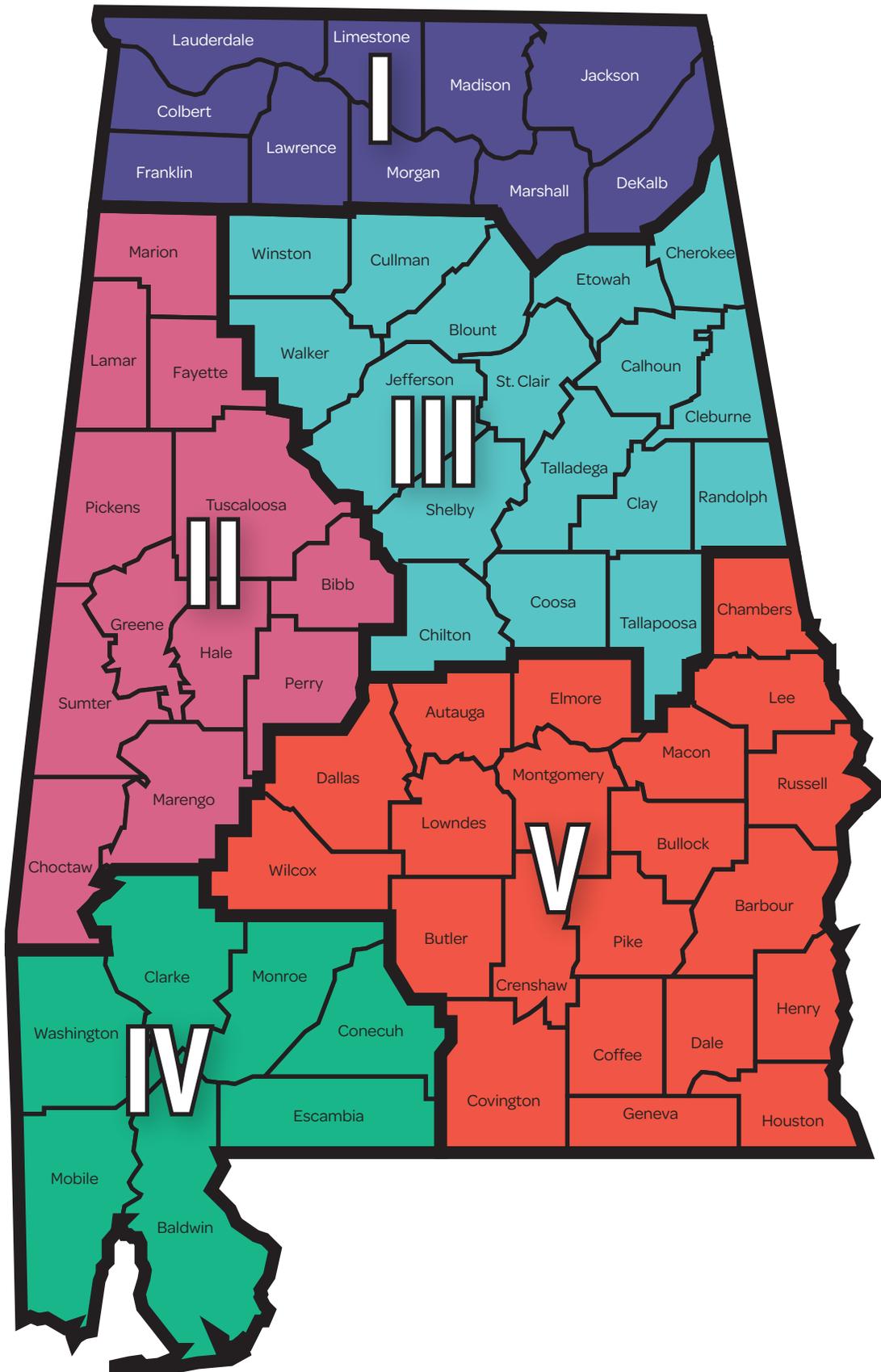
# INFANT MORTALITY RATES BY RACE, 2010-2019



# INFANT MORTALITY BY PERINATAL REGIONS IN ALABAMA, 2018-2020



# ALABAMA PERINATAL REGIONS



# 2022 PLANS TO REDUCE INFANT MORTALITY IN ALABAMA

- Expand the Fetal and Infant Mortality Review (FIMR) Program to abstract and review 100 percent of infant deaths statewide.
- Expand Community Action Teams statewide to implement FIMR recommendations.
- Continue the Maternal Mortality Review (MMR) Program in Alabama to abstract and review maternal deaths that occur during pregnancy or within 1 year of the end of a pregnancy regardless of pregnancy outcome. Additionally, the MMR Program will review all recent maternal deaths related to COVID.
- Continue the partnerships with agencies statewide to improve birth outcomes for moms and babies.
- Continue to provide “Sleep Baby Safe and Snug” books to every new family at all delivering hospitals statewide and utilize social media to improve safe sleep education and promote infant literacy and bonding.
- Continue to promote the Alabama Cribs for Kids® Program to ensure all infants under the age of 1 have a safe sleep environment as a means to reduce the risk of SUID deaths.
- Educate and raise awareness, through community partnerships, of health inequities and disparities and their impact on health outcomes within the state.
- Promote breastfeeding-friendly environments, especially in health care facilities and childcare settings.
- Host a Maternal and Infant Mortality Reduction Summit.
- Continue to collaborate with multiple state agencies to execute the State of Alabama Infant Mortality Reduction Plan in Macon, Montgomery, and Russell counties as a means to attain a 20% reduction of the 2016 IMR in these counties by September 2023.

The plan includes partnerships with the following agencies:

- o Alabama Department of Early Childhood Education.
- o Alabama Department of Human Resources.
- o Alabama Medicaid Agency.
- o Alabama Department of Mental Health.
- o Governor’s Office of Minority Affairs.
- o Alabama Department of Public Health.

The plan includes continuing the seven strategies:

1. Expanding evidence-based home visitation services.
2. Increasing utilization of the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool to identify and refer women at risk for alcohol, substance abuse, domestic violence, and post-partum depression for treatment and services.
3. Promoting safe sleep awareness through education and collaboration.
4. Expanding the Well-Woman Program so that women of child-bearing age receive preconception and inter-conception health as a means to address chronic health conditions before and between pregnancies.
5. Providing education to women and families on the benefits of breastfeeding for both mom and baby.
6. Promoting and improving the system of perinatal regionalization which is designed to ensure women have access to hospitals equipped to provide the most appropriate level of care for their pregnancy needs.
7. Implementing efforts to combat prematurity.

## SOURCES

<sup>1</sup> Infant Mortality, Alabama, 2020.

[https://www.alabamapublichealth.gov/healthstats/assets/im\\_20.pdf](https://www.alabamapublichealth.gov/healthstats/assets/im_20.pdf)

<sup>2</sup> Centers for Disease Control and Prevention: Infant Mortality.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

<sup>3</sup> Centers for Disease Control and Prevention: Social Determinants of Health: Know What Affects Health.

<https://www.cdc.gov/socialdeterminants/faqs/index.htm>

<sup>4</sup> Centers for Disease Control and Prevention: Health Equity.

<https://www.cdc.gov/healthequity>

<sup>5</sup> Centers for Disease Control and Prevention: Chronic Disease: Health Equity.

<https://www.cdc.gov/chronicdisease/healthequity/>

<sup>6</sup> Centers for Disease Control and Prevention: What are Birth Defects.

<https://www.cdc.gov/ncbddd/birthdefects/facts.html>

<sup>7</sup> Centers for Disease Control and Prevention: Preterm Birth.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>

<sup>8</sup> National Institute of Child Health and Human Development: SIDS.

<https://www.nichd.nih.gov/health/topics/sids>

## ACKNOWLEDGEMENTS

The State Perinatal Program acknowledges the families touched by infant death in Alabama. Special acknowledgment is extended to staff of the Perinatal Health Division, Regional Perinatal Advisory Committees, and State Perinatal Advisory Committee, whose participation and cooperation help make this publication possible.

